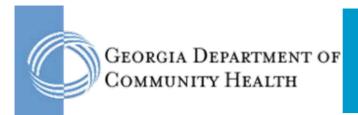


Overview of Data Resources

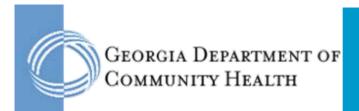
Health Information Technology and Transparency Advisory Board Meeting December 13, 2006



Division of Health Planning

Duties and Responsibilities

- Certificate of Need Application Review
- CON Regulation and Oversight
- Health Planning Activities
 - Development of Component Plans
 - Development of CON Rules



Health Planning Data

Types of Data Compiled and Maintained in Support of DHP Duties and Responsibilities

- Inventory of Authorized Facilities and Services
- Surveys of Regulated Health Care Providers
- Resident Population Projections
- Hospital Discharge Data (GHA)
 - Patient Origin and Market Share
 - Restricted use



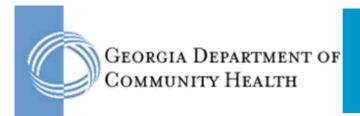
Authorized and Regulated providers and services

Facilities

- Acute Care Hospitals
- Long Term Care Hospitals
- Freestanding Ambulatory Surgery Centers
- Skilled Nursing Facilities
- Personal Care Homes (Over 24 beds)
- Continuing Care Retirement Centers
- Home Health Agencies
- Traumatic Brain Injury Facilities

Services (Specifically Regulated)

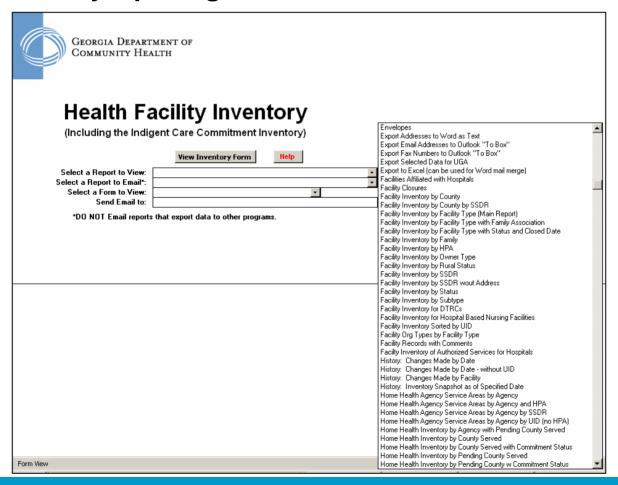
- Perinatal Services
- Inpatient Physical Rehabilitation Services
- Acute Care Psychiatric Services
- Open Heart Surgery
- Cardiac Catheterization
- Radiation Therapy
- Positron Emission Tomography



- Updated regularly and on-going
 - CON decisions
 - Regulatory decisions
 - Survey data
- Represents the Official Agency Inventory



Facility Inventory Opening Screen





Facility Total Bade

Sample Report

Inventory of General Hospitals in Cobb County

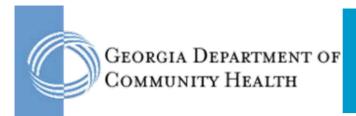
See report selection criteria at end of report.

			radiity rotal		
HPA County	Facility Name	Mailing Address	Existing	Pending	Total*
Hospitals					
З Собб	Emory-Adventist Hospital	3949 South Cobb Drive Smyrna, GA 30080-6300	88		88
З СоЬЬ	W ellStar C obb H os pital	3950 Austell Road - Austell, GA 30106-1174	302	80	382
3 Cobb	W ellStar Kennestone Hospital	677 Church Street NE Marietta, GA 30060-1148	455	178	633
3 Cobb	W ellStar Windy Hill Hospital	2540 Windy Hill Road SE Marietta, GA 30067-8632	115		115
		4 Facilities	960	258	1,218

*Please use the "Service Inventory - LTAC Beds" report to determine the hospital capacity associated with the short-stay general hospital bedineed analysis. Effective 4/1.03, the short-stay general hospital bedineed requires that LTAC beds be excluded from bedicapacity calculations associated with hospital bedineed.

Note that the report totals and subtotals include only those records specified in selection criteria, if any, shown below. If no criteria are shown, all records are included..

ReportCiteria: (Count) In (Cobb) AND (Scilly type) In (Hospital) AND (Scilly type) In (General) AND (Scilly type) In (General) AND (Scilly type) In (Hospital) In (Count)



How Survey Data is Used

- Inform the regulatory and planning process
- Calculate need projections for regulated services
- Provide consumer and market data



- Over 1,200 health care providers surveyed annually
- Over 1,570 separate surveys conducted

Health Planning Surveys

- Annual Hospital Questionnaire
- Hospital Financial Survey
- Annual Nursing Home Questionnaire
- Personal Care Home Survey
- Home Health Agency Survey
- Cardiac Catheterization Services Survey
- Open Heart Surgery Survey
- Radiation Therapy Services Survey
- Positron Emission Tomography Survey
- Freestanding Ambulatory Surgery Center Survey



What Data is Collected

- Infrastructure data
 - Number beds, labs, machines, operating rooms
- Utilization data
 - Number treatments, visits, patients, admissions
- Patient origin data
- Accreditation information
- Ownership and organizational structure
- Financial summary



Sample Sceenshots

GEORGIA DEPARTMENT OF COMMUNITY HEALTH Home Health Services Surve January 1, 2005 - December 31, 2005 Date Due: July 30, 2006	÷у
Before you begin, click here to review the instructions:	Help
If you need to print a set of blank forms, click here BEFORE you begin entering data:	Print All Forms
To begin filling out the survey, select a survey form here:	v
To electronically submit the completed survey to the Dept. of Community Health (DCH), click here:	UPLOAD
Click here if the upload locked up your PC:	Troubleshooter

lome Health Agency Survey	Parts A-		05-12/31/20
			UID:
Go to Another Form:		Print Form	Print All H
Part A: General Agency Information	Georgia D	epartment of Con	nmunity Hea
1. Identification:	Due Date: Ju	ine 30, 2006	Year: 2005
Facility UID	Duc Ducci Sc	anc out cood	UID:
a. Facility Name		b. County	
c. Street Address	d. City	e. Street	Zip
f. Mail Address	g. City	h. Mail Zi	
i. Medicaid Provider? 💹 Medicaid Number	j. Medica	re Provider? 🏻 Medica	re Number
2. Report Period:			
Report data for the full 12-month period, Ja		ough December 31,	2005
(365 days). Do not use a different report p		I	
Check the box to the right if your facility was NOT o	perational for the enti	re year. 🕮	
If your facility was NOT operational for the entire yea	ar, provide the dates (the facility was operation	nal below:
Part B: Survey Contact Information			
Person authorized to respond to inquiries about the			
Telephone Fax	E-	mail	
Part C: Agency Ownership, Operation a 1. Report as applicable for your agency as of operation/management status of the facility down menus, select the Organization Type is not applicable, the form requires you only You must enter something for each category.	the last day of the y and provide the for each business y to enter "not ap	e report period. Indic effective date. Usir s category reported.	ng the drop- If the category
	gal Name Applicable")	Organization Type	Effective Date
a. Agency Owner:		▼	
b. Owner's Parent Org:		▼	
c. Agency Operator:		▼	
d. Operator's Parent Org:		▼	
e. Mgmt. Contractor:		▼	
f. Mgmt's Parent Org:		*	



Sample Sceenshots

	Part D: Agency	<u>/ Utilization and</u>	Patient Caseload	Informatio
--	----------------	--------------------------	------------------	------------

 For the service disciplines below please report your agency's most current rate per visit and total number of visits for the report period. Please note: Total visits reported here must balance to visits reported elsewhere in the survey.

			_		
Service/Discipline	Per Visit Charge	Number of Visits	Service Discipline	e Per Visit Charge	Number of Visits
1. Skilled Nursing	0	0	Medical Social Service	ces 0	0
2. Physical Therapy	0	0	6. Speech Pathology	0	0
3. Home Health Aide	0		7. Other Health-		0
4. Occupational Therapy	0	0	Related Services		0
		•	(Specify)		0

TOTAL:

Total

- Please report the total agency caseload at the end of the business day on December 31,2005.
 Total Number of Cases on 12/31
- Provide the total number of completed Medicare episodes of care during the report year. Include all completed episodes including Low Utilization Payment Adjustments (LUPA).
- Please report the number of Health-Related patients during the report period using the following race and ethnicity categories.

		Patients b	y Race/El	thnicity		
American Indian/ Alaska Native	Asian	Black or African American	Hispanic or Latino	Hawaiian or Pacific Islander	White	Multi- Racial
0	0	0	0	0	0	0

4. Please report the number of patients during the report period by the patient's gender.

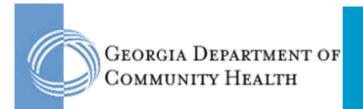
	Male	Female	Total
Number of Patients	0	0	

Part E: Agency Financial Summary, Indigent and Charity Care Provided, and Patient											
Point of Origin											
	Check the box to the right if the agency has a formal written policy or written policies concerning the provision of indigent and/or charity care during 2005? What was the effective date of the policy or policies in effect during 2005?										
3	Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.										
4. Check the box to the right if the policy or policies include provision for the care that is defined as charity?											
Г	Revenue or Expense Amount Revenue or Expense Amount										
A. Gross Patient Revenue 0 G. Charity Care											
E	Medicare Contractual Adjustments	0	 Gross Charity Care 	0							
(Medicaid Contractual Adjustments	0	Total Compensation (Charity)	0							
D. Other Contractual Adjustments 0 3.Uncompensated Charity (Net)											
Total Contractual Adjustments H. Other Free Care 0											
E	E. Bad Debt 0 Total Net Patient Revenue										
F. Indigent Care Total Net Revenue:											
	1. Gross Charges	0	I.Other Revenue	0							
Total Compensation (Indigent) U J.Total Expenses											
	3. Uncompensated Indigent (Net) Adjusted Gross Revenue										
	Total Uncompensated I/C										
	Percent Uncompensated I/C										
c	5. Report the number of home health care patients who were classified as indigent or charity care cases and for which patient charges were written off to indigent or charity care accounts reported in Part E, Question 4 above.										



Sample Sceenshots

AHQ Patient Origin for 1/1/2005-12/31/2005												
		•								UII	D:	
Go to Another Form: Print All Hel												
Facility UID Georgia Department of Community Health												
Facility Name												
Patient Origin Year: 2005												
Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).												
Note: The county drop-down menu contains a category for Hurricane Evacuees for the 2005 AHQ called "Evacuees (Hurricane). If your facility treated evacuees from the Hurricanes Katrina or Rita disaster. Please indicate as appropriate and refer to the instructions for a more detailed definition for evacuee.												
(Please see the instructions for further information.)												
Inpat = inpatient total S18+ = substance abuse adult 18 and over Surg = outpatient surgical S13-17 = substance abuse adolescent 13-17												
Surq = outpatient surgical S13-17 = substance abuse adolescent 13-17 OB = obstetric E18+ = extended care adult 18 and over												
P18+ = acute psychiatric adult 18 and over E13-17 = extended care adolescent 13-17												
P13-17 = acute psychiatric adolescent 13-17 E0-12 = extended care children 0-12												
P0-12 = acute psychiatric children 12 and under LTCH = Long Term Care Hospital												
To delete a row, press Esc to clear data entry errors. Then click in the margin to the left of the county name and press												
the delete key.												
County	Inpat	Surg	OB	P18+	P13-17							
•	0	0	0	0	0	0	0	0	0	0	0	0



Health Planning Data

How Survey Data is Collected

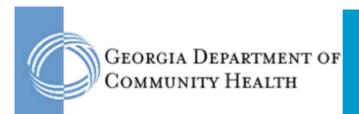
Microsoft Access databases which are electronically transmitted

How Inventory and Survey Data is Maintained

- Microsoft Access databases are stored on local server
- Unique provider ID links various datasets

How Data is Disseminated

- DCH users access databases in a shared database environment
- Outside users obtain reports, queries, or entire databases ad hoc



Future

- Web-based data gathering using a centralized enterprise-wide system.
- Web-based reporting and analysis tools
- Web-based GIS and spatial analysis tools

Data Warehouse

- Facility Inventory data (DHP)
- Survey data (DHP)
- Regulatory data (ORS)
- Quality data such as Sentinel Events (ORS)
- Medicaid enrollment and utilization data (DMA)
- Demographic data (OPB, etc)



Conclusion

Questions/Comments?

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mjarrard@dch.ga.gov

404-656-0467